

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10295326**
APPLICANT(S)

FILING DATE **03-12-04**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3						
4						
5						
6		2				
7						
8						
9						
10						
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	15					
TOTAL CLAIMS	18					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58		2				
59		2				
60		0				
61		2				
62		2				
63		0				
64		0				
65		0				
66		0				
67	1					
68						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						